

Denied

Reason for denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# LA CRESCENT ANIMAL RESCUE

523 S Chestnut St, La Crescent, MN 55947  
 info@lacrescentanimalrescue.com  
 (507) 895-2066

Cat

Name of cat/kitten: \_\_\_\_\_

Name of adopter: \_\_\_\_\_

Approved:  Yes  No

Pickup date: \_\_\_\_\_

**Foster to Adopt: Y/N**

**Deposit: \$** \_\_\_\_\_

## General Information

- A \$50 deposit is required with every application. This will be applied to the \$120 adoption fee. If your adoption is denied the \$50 will be fully refunded. This can be paid by check or cash only. No debit or credit cards
- You must be at least 18 years old or have written consent of a parent or guardian in order to adopt a pet.
- All requested information must be filled out completely and accurately.
- If the cat or kitten you are requesting is small (<4 lb), please see the special instructions regarding having your pet spayed or neutered.

## Requested Pet Information

Application Date: \_\_\_\_\_ Requested pickup date: \_\_\_\_\_

Cat/Kitten name: \_\_\_\_\_ Case #: \_\_\_\_\_

Cat/Kitten Description: \_\_\_\_\_

## Current Adoption Application Information

Are you adopting this cat for yourself?  Yes  No If for someone else, please explain: \_\_\_\_\_

What qualities are you looking for in a cat? Interacts well with:  Other cats  Dogs  Children and infants

Playful  Quiet  Talkative  Declawed  Other: \_\_\_\_\_

What type of cat are you looking for? Age of cat:  Kitten  Young cat  Adult cat  Senior cat

Gender:  Male  Female Hair length:  Long  Medium  Short Breed/coloring: \_\_\_\_\_

What behaviors would you consider unacceptable enough to consider surrendering this cat?

Biting/scratching  Shedding/grooming  Defecating/urinating  Scratching furniture  Allergies

Incompatibility

Other issues (please explain) \_\_\_\_\_

Who will be primarily responsible for caring for this cat? \_\_\_\_\_

Where will this cat live? \_\_\_\_\_

What do you believe is the life expectancy for cats? \_\_\_\_\_

Have you planned for the ongoing costs of owning a cat?  Yes  No

Expected annual costs for veterinary care, vaccinations (rabies, distemper, feline leukemia), etc. \$ \_\_\_\_\_ per year

Expected monthly costs for food, treats, toys, flea/tick prevention, etc. \$ \_\_\_\_\_ per month

Have you been informed of any special medical needs this cat has, and the costs of dealing with them?  Yes  No

## Special Note for Unsterilized Cats and Kittens

*If the cat you adopt weighs less than four pounds, it will not be sterilized (spayed or neutered) before adoption. You will be required to bring the cat back to La Crescent Animal Rescue to be sterilized once it reaches four pounds. In order to secure this commitment, you will be asked to write a check for \$100, in addition to any adoption fees. This check will be held by La Crescent Animal Rescue until the cat has been returned for sterilization. The check will then be returned to you.*

Cat \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apartment/Lot/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Best days/times to call: \_\_\_\_\_

### Residence Information

Type of residence:  House  Duplex  Townhouse  Condo  Apartment  Mobile Home  Other \_\_\_\_\_

Do you own your current home?  Own  Rent  Other: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Please provide contact information for the current owner/landlord, condo/townhouse association, or mobile home park.

Contact/organization name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Note: La Crescent Animal Rescue will check with landlord/association to verify permission for pet ownership.)

Do you plan to move within the next six months?  Yes  No Where will you be moving? \_\_\_\_\_

Will you own or rent in your new location?  Own  Rent Does your new location permit pets?  Yes  No

What are your plans for your pets when you move? \_\_\_\_\_

### Household Information

How many adults in your current household? \_\_\_\_\_ How many children in your household? \_\_\_\_\_

Are all adults aware of your interest in adopting a cat?  Yes  No Do they agree with your plans?  Yes  No

Names and ages of all adults in household: \_\_\_\_\_

Names and ages of children in household: \_\_\_\_\_

Any allergies to cats?  Yes  No What are your plans for dealing with allergies? \_\_\_\_\_

### Other Pets

How many pets currently live on your property? Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

#### Current pets

Name	Type (Dog, Cat, etc.)	Breed	Age	How long owned?

#### Previous pets in last five years

Name	Type (Dog, Cat, etc.)	Breed	Reason no longer owned

Are all current pets sterilized (spayed/neutered)?  Yes  No If not, explain: \_\_\_\_\_

Do all current pets have licenses?  Yes  No  Not sure  Not required (name of town/county \_\_\_\_\_)

La Crescent Animal Rescue is a strong supporter in spaying/ neutering cats and dogs. Between 6-8 million cats and dogs enter shelters in the US every year. Approximately 3 million of these animals end up being euthanized due to lack of homes for them. About 80% of these euthanized cats and dogs are healthy. If you currently have or have had a pet(s) that you do not or did not spay or neuter and would like to adopt a cat or dog from us, your application will in all likelihood be turned down.



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### +Veterinarian References

If this is your first pet, where do you plan to obtain veterinary care? \_\_\_\_\_

For current pets, who provides veterinary care? (La Crescent Animal Rescue will check vet references for current pets.)

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Previous Adoption/Surrender Experience

Have you ever applied to adopt a pet from La Crescent Animal Rescue?  Yes  No

Was your application approved?  Yes  No If no, please explain: \_\_\_\_\_

Type of animal:  Dog  Cat  Other \_\_\_\_\_ Date of adoption: \_\_\_\_\_ Still have that pet?  Yes  No

Have you ever applied to adopt a pet from another shelter?  Yes If so, where? \_\_\_\_\_  No

Was your application approved?  Yes  No If no, please explain: \_\_\_\_\_

Type of animal:  Dog  Cat  Other \_\_\_\_\_ Date of adoption: \_\_\_\_\_ Still have that pet?  Yes  No

Have you ever surrendered a pet to this or any other shelter?  Yes If so, where? \_\_\_\_\_  No

Type of animal: \_\_\_\_\_ Date of surrender: \_\_\_\_\_ Reason: \_\_\_\_\_

### Personal References

*No family members/relatives for personal references*

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_